

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60771 (0)

1. Corporation Name

CMB HOLDINGS, INC.



Principal Place of Business

2502 NORTH ROCKY POINT DRIVE
SUITE 375
TAMPA FL 33607

Mailing Address

2502 NORTH ROCKY POINT DRIVE
SUITE 375
TAMPA FL 33607

3. Date Incorporated or Qualified

06/17/1991

3a. Date of Last Report

04/03/1995

2. Principal Place of Business

21 2471 McMullen Booth Rd

2a. Mailing Address

26 2471 McMullen Booth Rd

4. FEI Number

65-0269910

Applied For

Not Applicable

22 Suite 309

27 Suite 309

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Clearwater, FL

28 Clearwater, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 34619

25 USA

29 34619

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BIDDINGER, CLAY M.
2502 N. ROCKY POINT DRIVE
SUITE 375
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of principal place of business agent (if applicable)

Signature of Registered Agent (signature required when registering)

DATE

12 OFFICERS AND DIRECTORS

110

NAME

PTD
BIDDINGER, CLAY M
2841 COBBLESTONE DR
PALM HARBOR FL

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)